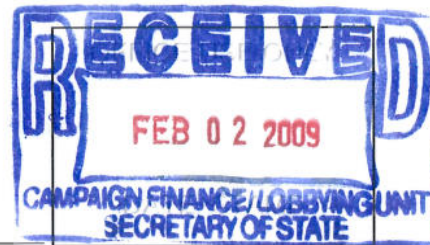


CANDIDATE
~~POLITICAL COMMITTEE'S~~ REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Committee BRANDON PRESLEY (PUBLIC SERVICE COMM.)
Address 182 VERONA ST., NETTLETON, MS 38058 County LEE
Telephone 662-401-3985 (Fax) N/A
Treasurer N/A Email Address brandonepresley@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
- ☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
- ☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	23,700.00 + \$ 550.00	\$ 24,250.00	\$ 24,250.00
Total amount of disbursements \$	25,105.42 + \$ 200.00	\$ 25,305.42	\$ 25,305.42
Total amount of cash on hand		\$ 1,203.01	AS of 01-30-09

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Brandon Presley
(Signature of Officer)

January 30, 2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>T.L. WALLACE CONSTRUCTION</u>		<u>06 / 12 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 523</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>COLUMBIA, MS 39429</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RENASANT BANK EMPLOYEES VOLUNTARY POLITICAL COMM.</u>		<u>06 / 12 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 709</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>TUPELO, MS 38802-0709</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHNNY MORGAN</u>		<u>06 / 12 / 08</u>	\$ <u>2,500.00</u>
Mailing Address <u>P.O. BOX 309</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>OXFORD, MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MORGAN-WHITE INSURANCE</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WILLIAM EARL STONE, SPECIAL ACCT.</u>		<u>06 / 12 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 550</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>BOONEVILLE, MS 38829</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>KIMES AND STONE</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee BRANDON PRESLEYReporting period 01-01-08 through 12-31-2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DEVINEY CONSTRUCTION, INC.</u>		<u>06 / 19 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 6717</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39282-6717</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAKER ENGINEERING</u>		<u>06 / 19 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 6717</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39282-6717</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DEVINEY EQUIPMENT</u>		<u>06 / 19 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 7179</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39282-7179</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ROLLING HILLS RANCH</u>		<u>06 / 16 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 7179</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39282-7179</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DEVINEY BROTHERS, INC.</u>	<u>06 / 16 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 6717</u>	___ / ___ / ___	\$
City, State, Zip Code <u>JACKSON, MS 39282</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RIVERSIDE TRAFFIC SYSTEMS, INC.</u>	<u>06 / 25 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>1283 HIGHWAY 178 WEST</u>	___ / ___ / ___	\$
City, State, Zip Code <u>NEW ALBANY, MS 38652</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BOBBY P. MARTIN AND BARBARA M. MARTIN</u>	<u>06 / 26 / 08</u>	\$ <u>2,500.00</u>
Mailing Address <u>896 SOUTH MAIN ST.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>RIPLEY, MS 38663</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>PEOPLES BANK OF RIPLEY</u>	___ / ___ / ___	\$
Occupation (Required) <u>PRESIDENT</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DOUGLAS A. HORNE</u>	<u>08 / 11 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>412 N. CEDAR BLUFF ROAD, SUITE 205</u>	___ / ___ / ___	\$
City, State, Zip Code <u>KNOXVILLE, TN 37928</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>HORNE PROPERTIES</u>	___ / ___ / ___	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee BRANDON PRESLEYReporting period 01-01-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LARRY W. CLARK</u>		<u>08 / 22 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 789</u>		___ / ___ / ___	\$
City, State, Zip Code <u>AMORY, MS 38821</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>LARRY CLARK CHEVROLET-G.M.C.</u>		___ / ___ / ___	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI MANUFACTURERS ASSOCIATION P.A.C.</u>		<u>08 / 25 / 08</u> <small>Rec'd check date on 7-17-08</small>	\$ <u>2,000.00</u>
Mailing Address <u>720 NORTH PRESIDENT ST.</u>		___ / ___ / ___	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NUCOR STEEL RECYCLERS OF MISSISSIPPI PAC.</u>		<u>08 / 23 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>3630 FOURTH ST.</u>		___ / ___ / ___	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JENITH M. COBBIN / LISA C. NEAL</u>		<u>08 / 28 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>178 VERONA STREET</u>		___ / ___ / ___	\$
City, State, Zip Code <u>NETTLETON, MS 38858</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>RETIRED / HOMEMAKER</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI ASSOCIATION OF REACTORS P.A.C.</u>	<u>08 / 22 / 08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 321000</u>	___ / ___ / ___	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PAUL OR DORRIS WADDLE</u>	<u>08 / 02 / 08</u>	\$ <u>250.00</u>
Mailing Address <u>123 ELIZABETH ST.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>NETTLETON, MS 38858</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>	___ / ___ / ___	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAHN OR JERRIE BLISSARD</u>	<u>09 / 01 / 08</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 61</u>	___ / ___ / ___	\$
City, State, Zip Code <u>HOUSTON, MS 38851</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>	___ / ___ / ___	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. DURRELL OR PATRICIA A. HALL</u>	<u>08 / 29 / 08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. DRAWER A</u>	___ / ___ / ___	\$
City, State, Zip Code <u>NETTLETON, MS 38858</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>FRED'S PHARMACY / BANCORP SOUTH</u>	___ / ___ / ___	\$
Occupation (Required) <u>PHARMALIST / BANK OFFICER</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BRANDON E. PRESLEY</u>	<u>10 / 20 / 08</u>	\$ <u>3,500.00</u>
Mailing Address <u>182 VERONA STREET</u>	___ / ___ / ___	\$
City, State, Zip Code <u>NETTLETON, MS 38858</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>STATE OF MISSISSIPPI</u>	___ / ___ / ___	\$
Occupation (Required) <u>PUBLIC SERVICE COMMISSIONER</u>	Aggregate year-to-date	\$ <u>3,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-08 through 12-31-08

ITEMIZED DISBURSEMENTS

A. Full name BANCORPSOUTH - NETTLETON BRANCH	Date (Mo., Day, Year) 06 / 25 / 08	Amount of each disbursement this period \$ 10,000.00
Mailing Address DRAWER B	06 / 30 / 08	\$ 3,500.00
City, State, Zip Code NETTLETON, MS 38858		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 20 / 08	\$ 7,605.42
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 21,105.42
C. Full name FLETCHER, ROWLEY, CHAO & RIDDLE	Date (Mo., Day, Year) 08 / 28 / 08	Amount of each disbursement this period \$ 2,500.00
Mailing Address 223 8TH AVE. NORTH SUITE 300	__ / __ / __	\$
City, State, Zip Code NASHVILLE, TN 37203		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,500.00
D. Full name THE ELECTION IMPACT GROUP	Date (Mo., Day, Year) 08 / 28 / 08	Amount of each disbursement this period \$ 500.00
Mailing Address P.O. BOX 2078	__ / __ / __	\$
City, State, Zip Code OXFORD, MS 38655		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
E. Full name MITCHELL SCRUGGS FARMS	Date (Mo., Day, Year) 01 / 31 / 08	Amount of each disbursement this period \$ 1,000.00
Mailing Address 3575 TOM WATSON DR.	__ / __ / __	\$
City, State, Zip Code SALVILLO, MS 38866		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$